

# First National Bank Donation Request Form

In order for us to properly consider your request, we need to know the following information:

Organization's Name: \_\_\_\_\_

Are you a registered 501(c)3 organization? \_\_\_\_\_

Is your organization United Way funded? \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Amount or Items Requested: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Check To Be Made Payable To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

How will our donation benefit your organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will our donation benefit the community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will our donation benefit First National Bank? (List any exposure we may receive.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an account at First National Bank? \_\_\_\_\_

Does your organization have an account at First National Bank? \_\_\_\_\_

Please attach any additional information about your request and mail to:

Linda Horn  
First National Bank  
340 May Mart Drive  
P. O. Box 49  
Rochelle, IL 61068

Please allow 2 weeks for our committee to make a decision. We will notify you.

Donation Amount: _____
Date Approved: _____
Approved by: _____
Rochelle Donation _____
Ashton Donation _____
Oregon Donation _____